

Date of Request: ____/___/____

WLD Customer Number: _____

Phone Number: _____

Liquor Division 6601 Campstool Rd, Cheyenne, Wyoming 82002-0110

MATTHEW H. MEAD Governor DANIEL W. NOBLE Director GREG COOK Administrator

Phone (307) 777-7231 Fax: (307) 777-6255 Website: http://revenue.wyo.gov

BEER KEG REGISTRATION TAG ORDER FORM

Owner / Applicant:

Mailing Addre	ess:		
City:			WY, Zip Code:
Total Tag	s Reques	ted:	
(Signature of Licensee Representative)			(Printed Name of Licensee Representative)
	Plea	se make copies of thi	is form for your convenience.
		-	•
		llow for up to thirty	(30) days to process your request.
		llow for up to thirty Please mail or	(30) days to process your request. r fax your request:
	*Please a	llow for up to thirty Please mail or 6601 Campstool R	(30) days to process your request.
LD Office Us	*Please a Address: Fax:	llow for up to thirty Please mail or 6601 Campstool R	(30) days to process your request. r fax your request: d. Cheyenne WY 82002-0110
LD Office Us	*Please a Address: Fax:	Please mail or 6601 Campstool R	(30) days to process your request. r fax your request: d. Cheyenne WY 82002-0110
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